

FILED

Ohio Campaign Finance Report

05 JUN 10 PM 3:40

Prescribed by Secretary of State 02/01

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee CITIZENS FOR RANKIN						Registration Number, if PAC					
Full Name of Candidate Mike R. Rankin											
Street Address 545 East Town Street						Office Sought Municipal Court Judge			District Franklin Count		
City Columbus						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
		July		August		September		Termination			
Amended Report?		Report Electronically filed?		Date of Election		M		D		Y	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				0 5		0 3		0 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 1,908.23
2. Total monetary contributions (From Form No. 31-A)	\$ 5,195.28
3. Total other income (From Form No. 31-A-2)	\$ 1,151.10
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,254.61
5. Total monetary expenditures (From Form No. 31-B)	\$ 3,008.58
6. Balance on hand (line 4 minus line 5)	\$ 5,246.03
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 713.80
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 108,440.62
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 2,201.11
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Laura T. Riggs-Kolman, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Laura T. Riggs-Kolman, Treas
Signature

06-06-2005

Date

Contribution
pages 7

Expenditure
pages 4

Other
pages 9

Total
pages 20

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN													
From Whom Received Mike R. Rankin								Prior Amount 0.00		Amt. Incurred this Period 650.00			
Address 2432 Wyncourtney Ct.										Outstanding Balance 650.00			
City Powell		State O H		Zip Code 43065		Loans Received This Period			Payments This Period				
						Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 2 0 2 0 5													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received Mike R. Rankin								Prior Amount 0.00		Amt. Incurred this Period 500.00			
Address 2432 Wyncourtney Ct.										Outstanding Balance 500.00			
City Powell		State O H		Zip Code 43065		Loans Received This Period			Payments This Period				
						Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 3 1 4 0 5													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period			Payments This Period				
						Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 1,150.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 1,150.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for Rankin													
From Whom Received Avis M. Rankin										Prior Amount 15,000.00		Amt. Incurred this Period 0.00	
Address 806 Lake Street												Outstanding Balance 15,000.00	
City Marblehead		State O H		Zip Code 43440		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
0 7 0 8 0 4													
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
From Whom Received AVIS M. RANKIN										Prior Amount 14,290.62		Amt. Incurred this Period 0.00	
Address 806 LAKE STREET												Outstanding Balance 14,290.62	
City MARBLEHEAD		State O H		Zip Code 43440		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
1 0 1 5 0 4													
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 29,290.62
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 29,290.62 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for Rankin													
From Whom Received Avis M. Rankin								Prior Amount 15,000.00		Amt. Incurred this Period 0.00			
Address 806 Lake Street										Outstanding Balance 15,000.00			
City Marblehead		State O H		Zip Code 43440		Loans Received This Period			Payments This Period				
						Date			Date				
						Amount			Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 6 0 2 0 4													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received Avis M. Rankin								Prior Amount 19,000.00		Amt. Incurred this Period 0.00			
Address 806 Lake Street										Outstanding Balance 19,000.00			
City Marblehead		State O H		Zip Code 43440		Loans Received This Period			Payments This Period				
						Date			Date				
						Amount			Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 8 2 3 0 4													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received Avis M. Rankin								Prior Amount 3,000.00		Amt. Incurred this Period 0.00			
Address 806 Lake Street										Outstanding Balance 3,000.00			
City Marblehead		State O H		Zip Code 43440		Loans Received This Period			Payments This Period				
						Date			Date				
						Amount			Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 9 1 0 0 4													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 37,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 37,000.00 (To Form No. 30-A)